**Outcome Letter Template**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

We would like to inform you that the complaint you filed on \_\_\_\_\_\_\_\_\_\_\_\_ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for bringing your concerns to our attention. If you have any additional questions or concerns, please contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you are dissatisfied with the outcome of your complaint you may contact:

Qsource ESRD Network 12

Patient Services Department

920 Main St., Ste. 801

Kansas City, MO 64105

Toll-Free: 800-444-9965

Or

Nebraska Department of Health & Human Services

Division of Public Health

Licensure Unit- Outpatient & In-Home Care Services

P.O. Box 95986

Lincoln, NE 68509

402-471-0316

Kind Regards,

Name

Title